

EMS ADVISORY COUNCIL MEETING
MINUTES
April 24, 2014
Brynhild Haugland Room State Capitol

Members Present: Ken Reed, Jeff Sather, Terry Ault, Dr. Szlabick, June Herman, Tim Meyer, Diane Witteman, Kari Enget, Jerry Jurena, and Lynn Hartman.

Members Not Present: Marlene Miller, Lynette Dickson, Liz Beck, and Curt Halmrast (Congratulations Curt on the birth of his second child – 4/21/2014).

DoH Representation Present: Tom Nehring, Jan Franklund, Amanda Roehrich, Lindsey Narloch, Elizabeth Pihlaja, Kelli Sears, and Kari Kuhn.

Others Present: Jim DeMell – NDEMSA regional rep, Troy Easton -

Tim Meyer welcomed the committee and introductions were made around the table.

Approval of Minutes:

Motion made to approve the minutes from January, 2014 meeting.

Motion made by Ken Reed., seconded by June Herman

No further discussion; motion carried.

ALS QRU in Western ND – Troy Easton, Onshore Oil & Gas

Troy presented information about a project regarding responder safety in oil and gas operations utilizing Dr Sather as their medical director. This project has been in the works for five years working with the Oil Impacted EMS Committee. Training covers common injuries on oil sites, dispatching, finding the rigs, patient location on the worksite, assistance with moving equipment on the job site and general appropriate treatment of EMS upon arrival.

Presentations have been done in New Town, Dickinson, and Killdeer and have received good feedback from all. Lynn Hartman has been involved. He expressed the benefit of these presentations and stated that they had attendance from their ambulance, fire department, police department, medical director, etc. and was well received. Anatomy of a drilling rig and their language and terminology were covered greatly. The medical director has asked Troy to present to his ER staff.

The air medical utilization training program provides guidance for effective use of air medical services and limits the high risks of landing an aircraft on a drilling site and provides an incident command system on the drill site.

The Worksite EMS and Safety program provides the oil and gas industry workers the knowledge and tools necessary to identify the steps needed in an emergency. This provides the process including when to call 911 as well as step by step information of what to do as an onsite incident critical command center including the assignment of landing zone officers (which have been trained repeatedly on a monthly basis) and gate guards (responsible for assuring shut down of the site).

The training includes signs and symptoms of medical emergencies as well as trauma.

They will be doing a demonstration and evaluation on May 14 with invited dignitaries to include Tom Nehring and Jeff Sather.

Update – STEMI/Stroke position – Tom Nehring

Shila Thorson has been hired as the STEMI / Stroke Coordinator as an FTE in DEMST. Shila starts on Monday, April 28, 2014. The transitioning of the STEMI project to DEMST is to be completed by August.

Updates – Subcommittees:

Strategic Planning – Tom Nehring

Tim Meyer, Ken Reed, Mona Thompson, Curt Halmrast, June Herman, *Tom Nehring

The subcommittee has made the decision that the goals presented will be aimed at satisfying the statutory requirement to create and update an EMS strategic plan every two years. Goals will be drafted by the subcommittee and presented to the EMSAC for approval as recommended goals for DEMST.

Draft goals:

1. Ensure and bolster the viability of DEMST to maintain a standard of regulation with adequate resources to accommodate additional systems as assigned.
2. Define the minimum level of transport services necessary in order to define the minimum level of funding needed.
3. Develop a comprehensive statewide electronic collection system for EMS to improve data collection, electronic reporting, evaluation and outputs at a state level.
4. Ensure the availability of leadership training and make training mandatory.
5. Bolster the involvement of medical directors in ND by educating EMS agencies on appropriate medical direction support and encouraging QA/QI.

Tom will work on a draft of goals and submit to the subcommittee by 5/14/2014. The subcommittee will then review and revise these and submit to the EMSAC at the July meeting.

Minutes from the subcommittee meetings are available upon request.

Dispatch – Lindsey Narloch

Kari Enget, Lindsey Narloch, Diane Witteman, *Liz Beck, Jim DeMell

Lindsey presented the draft subcommittee framework as developed by this subcommittee.

Subcommittee information is available upon request.

Quality Improvement – Jeff Sather

Tom Nehring, Kari Enget, Ruth Hursman, Kathy Lonski, Lindsey Narloch, *Jeff Sather, Barb Grouett

This subcommittee has had a couple teleconference calls. After conversation regarding the overwhelming task of state-wide QI the subcommittee moved on to the possibility of a pilot project with a section of the state and modeling it after systems that already exist. Several EMS agencies have expressed interest in inclusion in the project. The subcommittee will begin designing a format for inclusion and hopes to have it ready by fall 2014. There is a challenge identifying and collecting data for indicators to evaluate the program. Indicators discussed include: chute times, documentation completeness and scene time. Tom suggested the possibility of information being available from Ralph Renger from UND working on the evaluation piece in the LUCAS project.

Electronic Patient Information – Lindsey Narloch

*Lindsey Narloch, Diane Witteman, Lynette Dickson, Neil Frame, Walt Wolff, Wayne Fahy, Elizabeth Pihlaja, Sheldon Wolf

The subcommittee changed their name to the *EMS Information Interoperability* subcommittee. Lindsey presented the draft subcommittee framework as developed by this subcommittee.

Subcommittee information is available upon request.

There was discussion regarding upcoming changes. Intermedix (the company that purchased MedMedia) plans on rolling out a new state aggregator this summer that will accept both NEMSIS (National EMS Information System) 2 data as well as NEMSIS 3. What is now known as WebCUR will be replaced by CDX. This will work with the current NEMSIS 2 products including EmStat. Later this fall/winter, a new patient care reporting platform will be available to current EmStat customers. The new product will be called Triptix 4.0. After the state is ready to accept Version 3 and the new pcr software is available, services will have approximately 6 months to transition to the updated NEMSIS 3 product whether they use an Intermedix product or another vendor.

Community Paramedic – Ken Reed

Curt Halmrast, June Herman, Tim Meyer, Tom Nehring, *Ken Reed, Mona Thompson, Lynette Dickson, Wayne Fahy, Karalee Harper, Kelly Wanzek, Lynn Hartman, Judy Lee, Sherm Syverson, Jody Ward

Two services have committed to the community paramedic program with personnel enrolled in the current Hennepin County course (F-M Ambulance 5, Rugby EMS, 3). Ken received requests from 17 interested agencies. Each agency was sent a proposal form, of which four returned a proposal: Billings County, Bowman, F-M Ambulance and Rugby.

The next class in Hennepin begins the middle of June and Ken believes there will be an additional six ND people enrolling. It appears that most interested agencies were looking for funds for hiring personnel rather than for training.

The subcommittee is looking at rules including community paramedic as a state licensure level (see below).

The stakeholder meetings in Bismarck and Fargo were met with feedback from the nursing field's feeling that they have been underrepresented. The Board of Nursing and the Nursing Association may have representatives on this subcommittee in the future.

The hope that community paramedics will immediately become a reimbursable service for EMS is low due largely to the difficulty of definition.

The subcommittee plans to have an operating pilot project by August.

There remains a need for our own training mechanism within the state.

Proposed Community Paramedic Rules – Tim Meyer

Tim worked on a draft version of community paramedic rules after subcommittee discussions. He followed the same format as the rules for all other levels of licensure. The draft was reviewed and is available upon request.

There was discussion about inclusion of rules regarding a BLS level of community paramedics. The decision was made to include Diane in the subcommittee meetings referencing this topic for future discussion.

33-36

- Page 16
 - *e. Remove this instructor paragraph.*
 - *f. replace 'field' with 'clinical'.*
- Discussion of subsections:
 - Out-of-state reciprocity.
 - Continuing education.

33-36-04

- 4. Paramedic
 - *a. Remove the word 'acute'.*
 - *a. Remove the sentence 'The major difference...'*
- Discussion of adding a 'Community Paramedic' section rather than changing the 'Paramedic' section since each other level of licensure has its own section.

There was discussion regarding stroke bypass language in rule. **June, Tom and Dr Sather will meet to discuss this language** to ensure that it is phrased in a way to allow the system to develop (Chapter 33-11-01.2-14).

Update – LUCAS Device Project – Tom Nehring / Amanda Roehrich

The \$900,000 evaluation component of this project has expanded to include the entire ND cardiac care system.

Training has started for EMS and equipment has been ordered. NDEMSEA has been contracted by Physio Control to do the training for ambulance services while Physio Control will directly train the hospitals. This project has resulted in more work within DEMST than was originally anticipated with contracts, invoices, etc. No reports of utilization have been received yet.

Amanda reported all paperwork has been received and released for 72 entities totaling 80. It takes 3-4 weeks until device delivery. Ten additional services have paperwork in accounting for payment and 15 more are awaiting signatures while 16 entities have sent nothing. Amanda has been working closely with Joe at Physio Control and feels it is running smoothly.

There was a concern raised about the timing of hospitals receiving training prior to an EMS agency showing up at their door with the device in use. **Tom will try to get a training schedule from Physio Control.**

Jerry Jurena offered to have a series of articles submitted to the NDHA to be put in their weekly emailed newsletter *The Informer*. **DEMST will be sending articles for submission.**

Update – Funding Area Grants – Amanda Roehrich

- Two FAs haven't submitted reimbursement .
 - These total \$123,000.
 - This money may be reallocated.
- Over half FAs have spent 75%.
- Nine FAs have spent 100%.
- The new application was sent April 4.
 - The self-assessment tool was included again this year.
 - List of disallowed items was included.
 - Greater emphasis on collaboration and consolidation of FAs.

- Financial statements are awarded more points.
- Postmark deadline of June 6, 2014.

Flight Services Committee – Ruth Hursman

Ruth discussed the possibility of creating a Flight Services Committee or subcommittee. This possibility has been in discussion for some time but no entity has wanted to take ownership of it so she is bringing it to the EMSAC.

After some discussion regarding accountability there was a motion made.

Motion made: EMSAC recommends that DoH explore the creation of a subcommittee reportable to the EMSAC including air medical representatives to evaluate utilization and industry standards of air ambulance services.

Motion made by Dr Sather, seconded by Dr Szlabick.

Further discussion revolving around reportability to EMSAC.

Motion altered: EMSAC recommends that a subcommittee be formed and be reportable to the EMSAC regarding air medical utilization and industry standards.

Not all air ambulances belong to the NDEMSA but they would consider adding an air industry rep to the Board.

Motion carried.

Flight Services Subcommittee: Tom, Ruth, Lynn, Dr Szlabick and Dr Sather. An invitation will be sent to all air operators encouraging them to participate.

Overview of Travel Forms – Kari Kuhn

Due to recent delays in reimbursement the appropriate completion of travel forms was reviewed.

- Ensure the correct date and time LEAVING home is in the first 'travel time' box.
- Ensure the correct date and time ARRIVING home is in the second 'travel time' box.
 - Accounting will use these times to decide what meals you qualify for.
- Lodging:
 - Provide original lodging receipt.
 - If your room is direct-billed to the DoH, note this on the form PLUS providing your original receipt.
 - Keep in mind that no matter what you pay for your room, you will not be reimbursed more than the current allowable state rate. Remember to request state rate when booking.
 - Dr Sather asked about getting state rates without a valid state ID. Kari will do some checking on this and inform council.
- Meals
 - Note the times listed on form for meal qualification.
 - If you are not requesting reimbursement for a meal you qualify for you must note that on the form: ie. \$0.00, N/C, etc.
- The form MUST be signed.
- The form MUST be dated.

Upcoming Meetings

- July 24, 2014 – Health Department AV 210-AV212
 - AmericInn Block reserved with release date of July 18
- October 23, 2014 – Health Department AV210-AV212
 - AmericInn Block reserved with release date of October 17

Other Business

1. June encouraged council members to spread the word regarding CPR in schools funding that is being underutilized. This money is earmarked for students only and cannot be used for teaching teachers. This information has been posted on the NDEMSA website as well as DEMST website.
2. Tom feels that there isn't enough information being brought forth from each individual representative to supply DEMST with appropriate feedback from the industry. Future agendas will reflect a time for short reports from each individual member about their topic of choice.
3. Jerry Jurena asked if there has been a study done regarding the time / mileage or number of transfers across the state being utilized for behavioral health issues. DEMST will look at collaborating with NDHA to design a query for that purpose as this is a growing problem in ND.

Adjourn